

## MONTANA BOARD of BARBERS and COSMETOLOGISTS

Phone: (406) 841-2335

Email: [dlibsdcos@mt.gov](mailto:dlibsdcos@mt.gov)

Website: [www.cosmetology.mt.gov](http://www.cosmetology.mt.gov)

### COSMETOLOGY SALON LICENSE - GENERAL INFORMATION:

**APPLICATION:** Cosmetology Salon licenses are valid for a one-year period – July 1<sup>st</sup> through July 1<sup>st</sup>. License periods are not prorated. To open and/or operate a Cosmetology Salon in Montana, you must submit a completed Montana Board of Barbers and Cosmetologists application. The application must be submitted with all required documentation and appropriate fees, have an original signature and be notarized.

▪ **FEES:**            **All fees are non-refundable and licenses are not prorated.**

Initial license and inspection fee	\$150.00	<b>Must be submitted with this application</b>
Annual renewal fee	\$ 50.00	(Do not submit this renewal fee with this application)

**Completed applications and fees must be sent to:**

**Montana Board of Barbers and Cosmetologists, PO Box 200513, Helena, MT 59620-0513.**  
(Make check payable to: Montana Board of Barbers and Cosmetologists)

Fees submitted with applications to the board are non-refundable in accordance with ARM 24.121.401 (20).

### IMPORTANT INFORMATION:

- ▶ A salon (establishment) may not engage in performing cosmetology services until the salon receives, from the Montana Board of Barbers and Cosmetologists, a valid license to be posted in public view.
- ▶ A salon license is not transferable. Buyers of existing salons must apply for a new salon license and may not operate until the new salon license is received and posted in public view.
- ▶ All salon license applications are reviewed for compliance with current rules. Buyers of existing salons are encouraged to make any corrections needed to comply with current rules. Previously allowed variances are not transferable with ownership.
- ▶ Salons that have changed location or ownership must complete a new salon application and pay all appropriate fees.
- ▶ Rule variances require Board approval. A variance request application can be found on the Board's web site. Please note the Board meets once every three months and variance requests can cause application processing to be delayed while awaiting Board review.
- ▶ Upon receipt of a completed application and appropriate fees, the board office will process the salon application in the order in which it was received. If the application is approved, a 90-day temporary conditional salon permit will be issued and mailed to the salon.
- ▶ The Board inspects each salon. Upon completion and full compliance with the annual salon inspection and regulations, a renewable salon license will be issued. Salon licenses expire on July 1<sup>st</sup> of each year.
- ▶ Please note that the physical address of the salon location is required, regardless of the mailing address.
- ▶ **The Board office is allowed ten working days to process a routine application. Applications that include variance requests can and usually do take longer.**

*Do not return this page with your application. Keep this page for your records.*

### **Cosmetology Salon Application Checklist:**

- ☐ Completed Montana Board of Barbers and Cosmetologists Salon application
- ☐ Detailed floor plan drawing showing locations of; restroom(s), stations (indicate if electrology or manicure), dispensary area, shampoo bowl(s), reception area, hand washing sink(s) separate from those in restroom(s) (may be shampoo bowls), entrances and exits.
- ☐ Check or money order for \$150.00 payable to the Board of Barbers and Cosmetologists
- ☐ Application has been notarized
- ☐ Salon business phone number listed on application
- ☐ Salon physical address listed on application
- ☐ All owners have signed the application.
  - A sole proprietorship can only have a single owner, the sole proprietor's, and any license issued will only list this name.
  - A partnership must provide their federal tax ID number and list all owners and/or officers. Any licensed will be issued in the name of the partnership.
  - A corporation must provide their federal tax ID number and list all owners and/or officers. Limited liability corporations with only a single owner may use the owner's social security number. Any licensed will be issued in the name of the corporation.
  - A non-profit organization must provide their federal tax ID number and list all owners and/or officers. Any licensed will be issued in the name of the organization.

### **Additional Considerations: (recommended, not required for licensure)**

- ✓ The salon name has been registered with the Montana Secretary of State office.
- ✓ A copy of the current Board of Barbers and Cosmetologists rules, chapter 121, has been reviewed prior to making application for a salon license (can be found at [www.cosmetology.mt.gov](http://www.cosmetology.mt.gov)).
- ✓ A copy of the board approved blood spill procedure will be posted in the salon. A copy will be included with any salon license issued.

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### COSMETOLOGY SALON LICENSE APPLICATION

#### Application for Salon License:

(CHECK ALL THAT APPLY) ☐ Cosmetology ☐ Electrology ☐ Esthetic ☐ Manicure

Note: if the salon will offer more than one of these services then the applicant will need to apply for a cosmetology salon license.

Licenses are **non-transferable from one location to another AND/or from one owner(s) to another**. Under Montana law, a change in location or salon ownership requires the completion of a new salon application and appropriate fees paid.

Fees will not be prorated for portions of the year. Salon licenses expire July 1<sup>st</sup> of each year. Renewals are mailed to the salon's address and must be renewed by July 1<sup>st</sup> of each year.

**The salon may not operate until a valid license is issued and posted in the salon facility. All fees are nonrefundable.**

#### Section A 1. Business entity type:

Check one

☐ Sole Proprietorship

☐ General Partnership

☐ Limited Liability Partnership

☐ Limited Partnership

☐ Corporation

☐ Limited Liability Company

#### 2. Business Entity Name:

#### Section B 3. Owners List ALL owners or, if a corporation, all officers:

Last	First	MI	Phone #	SS#
------	-------	----	---------	-----

Last	First	MI	Phone #	SS#
------	-------	----	---------	-----

Last	First	MI	Phone #	SS#
------	-------	----	---------	-----

Last	First	MI	Phone #	SS#
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Note: a Sole Proprietorship can only have a single owner. Licenses issued to sole proprietorships will only list the name of the owner who's social security number is used for the sole proprietor business.

**Return this page with your floor plan and check!**

## Section C

4. SALON BUSINESS NAME: \_\_\_\_\_
5. SALON ADDRESS (Physical Address): \_\_\_\_\_  
Street including # City State Zip
6. SALON MAILING ADDRESS: \_\_\_\_\_  
Street including # City State Zip
7. SALON TELEPHONE NUMBER (406) \_\_\_\_\_ (406) \_\_\_\_\_  
Business Fax
8. SOCIAL SECURITY # \_\_\_\_\_ or BUSINESS TAX ID \_\_\_\_\_

**Note: If this is an existing salon changing ownership then please include a letter signed by the current owner attesting to the sale and instructing that their license be closed.**

## Section D 9. LIST SALON BUSINESS HOURS: \_\_\_\_\_

Open On	SUN	MON	TUES	WED	THURS	FRI	SAT
List Hours for Each Day							

10. TOTAL NUMBER OF BOOTHS/STATIONS AVAILABLE IN SALON:

11. IS THE PROPOSED SALON: ☐ Booth Rental Only ☐ Employee Only ☐ A Combination

12. IS THE SALON LOCATED IN A: ☐ Commercial Building ☐ Residential Building

**Will this salon be located inside a private residence? If YES, please begin with question #13. If NO, please begin with question #16.**

13. If the salon is located in a residence then according to Board ARM 24.121.1301(6)(a), there shall be a separate outside entrance into the salon. Is there a separate outside entrance directly into the salon? ☐ Yes ☐ No

14. Is the salon separated from any living quarters? ☐ Yes ☐ No

15. Do clients have to walk through the residence to reach the restroom? ☐ Yes ☐ No

Rule ARM 24.121.1505 (1)(c) - In a residential salon or shop, clients shall not walk through any living area of the residence to access the restroom.

16. You must submit a blue print or very detailed floor plan drawn to scale, indicating the complete layout of the salon to include: the dispensary area, shampoo area, reception area, location of restrooms showing sinks and toilets, stations & chairs, retail areas, sinks, manicuring area, electrolysis room or area, list dimensions of all floor space and list all entrances and exits. ☐ Yes ☐ No

For RESIDENTIAL SALONS: Include in your detailed floor plan all entrances into the salon from the outside and the salon location relative to the rest of your home, including what level, stairs and restroom facilities that are available for client use. The residential salon must have a separate entrance that permits clients to enter your salon from the outside *and* access a restroom without going through any portion of your private home.

17. Does the salon have hot and cold running water connected to a sewage system within the confines of the salon? ☐ Yes ☐ No

18. Is there a public restroom facility available within the confines of the salon? If no, please obtain, complete and submit a variance request with this application. ☐ Yes ☐ No

**Return this page with your floor plan and check!**

19. Does the salon have a separate sink (or shampoo bowl) in the work area other than the sink in the restroom? ☐ Yes ☐ No
20. Does the salon have mechanical ventilation that changes air 4 times per hour for the entire cubic square feet of the salon? ☐ Yes ☐ No
21. Does the salon have at least one wet covered sanitizers? ☐ Yes ☐ No
22. Does the salon have at least one covered soiled linen container? ☐ Yes ☐ No
23. Does the salon have at least one covered garbage container? ☐ Yes ☐ No
24. Does the salon have at least one closed dust free cabinet to store clean towels? ☐ Yes ☐ No
25. Is all of the flooring in the salon work, dispensary and restroom areas non-porous (not carpeted)? ☐ Yes ☐ No
26. Are there liquid soap dispensers available for hand washing? ☐ Yes ☐ No
27. Are single service towels or workable air blowers available for hand drying? ☐ Yes ☐ No
28. Is (will) the NIC Blood spill procedure posted in public view? ☐ Yes ☐ No
29. Has this location previously been licensed as a salon or barbershop?  
If yes, please indicate below. ☐ Yes ☐ No

Name of Previous Salon	Previous Salon Owner's Name

30. Please list any other shops or salons owned:

Name of Previous Salon	License # of Salon	Location of Salon	Is this salon still open?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

32. Have any civil, criminal, legal or disciplinary action been filed against you or your business(es), which relates to your practice? If yes, attach a detailed explanation. ☐ Yes ☐ No
33. Has a licensing agency ever taken adverse or disciplinary action against you or your license? If yes, attach a detailed explanation. ☐ Yes ☐ No
34. Has a complaint ever been made against you? If yes, please explain? ☐ Yes ☐ No
35. Have you ever had a license or temporary operating permit(s) denied, revoked, or suspended? If yes, attach a detailed explanation. ☐ Yes ☐ No
36. Have you ever forfeited or surrendered your license(s) or temporary operating permit(s)? If yes, attach a detailed explanation. ☐ Yes ☐ No

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**Part 5. TO BE COMPLETED ONLY FOR A SALON OFFERING ELECTROLOGY:**

Does the electrology salon have the following equipment:

- |   |  |
|---|--|
| <b>37.</b> High frequency generator or galvanic generator or electrolysis machine               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>38.</b> Disposable pre-sterilized needles in various sizes or an autoclave for sterilization | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>39.</b> Covered containers for all lotions, soaps and cotton to be used on clients           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>40.</b> Fine pointed epilation forceps (4 each)  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>41.</b> Draping sheets or towels (6 each)  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|   | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Initial license and inspection fee, \$150.00, must be submitted with this application.**

**AFFIDAVIT**

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Board of Cosmetologists.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and am familiar with the licensing laws of the State of Montana and instructions to applicants for licensing. I accept the rules and procedures outlined in these documents as the basis for my application. **For multiple owners of the salon, please have all partners, corporate officers or multiple owners sign the application.**

Legal Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Legal Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Legal Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Legal Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Subscribed and sworn to by me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ at

\_\_\_\_\_  
City/State

\_\_\_\_\_  
Notary Public

SEAL

\_\_\_\_\_  
City/State

My commission expires \_\_\_\_\_, \_\_\_\_\_.

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